

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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36	/					
37	/					
38	/					
39	/					
40	2					
41	b					
42	1					
43	1					
44	1					
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50						
TOTAL IND.	14		↓		↓	
TOTAL DEP.	30		↓		↓	
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO. 09938668 FILING DATE 08-28-91
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	5					
TOTAL DEP.	30	↔	↔	↔	↔	↔
TOTAL CLAIMS	35	[QR]	[QR]	[QR]	[QR]	[QR]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS